

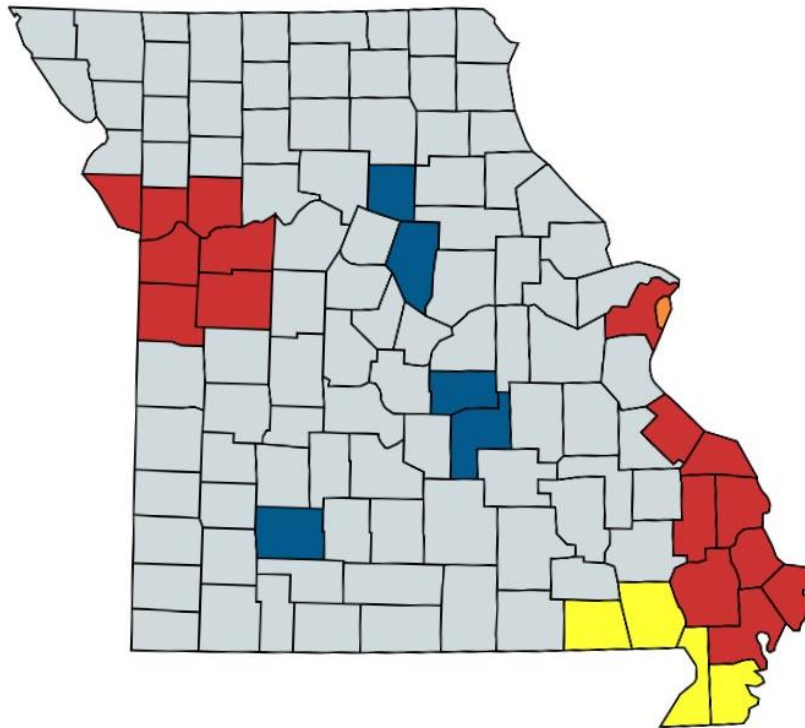
Home Visiting Client Satisfaction Survey 2018

Missouri Department of Health and Senior
Services (DHSS) Home Visiting Programs

DHSS-Funded Home Visiting Programs

- Building Blocks of Missouri (BB)
 - Nurse Family Partnership (NFP)
- Healthy Families Missouri Home Visiting (HFMoHV)
- Maternal, Infant, and Early Childhood Home Visiting (MIECHV)
 - Nurse Family Partnership (NFP)
 - Parents as Teachers (PAT)
 - Early Head Start – Home Based Option (EHS-HBO)

DHSS Home Visiting Programs



- Building Blocks
- Healthy Families America
- MIECHV
- Building Blocks & MIECHV

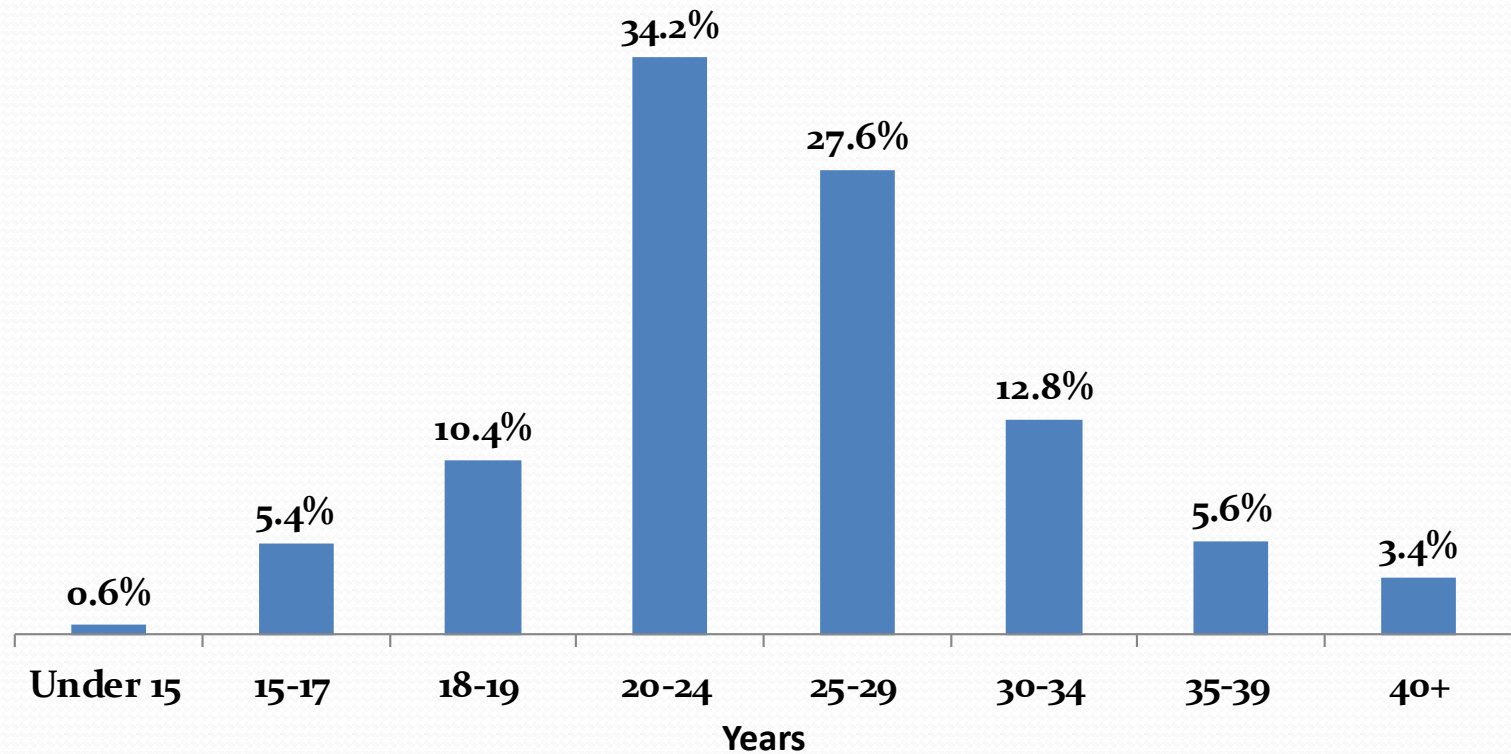
Purpose

- DHSS requires each home visiting site that contracts with the DHSS Home Visiting program to conduct a client satisfaction survey annually.
- Survey results are used by the DHSS Home Visiting program to work with the contractors to develop and implement a process for addressing and resolving programmatic and implementation issues.

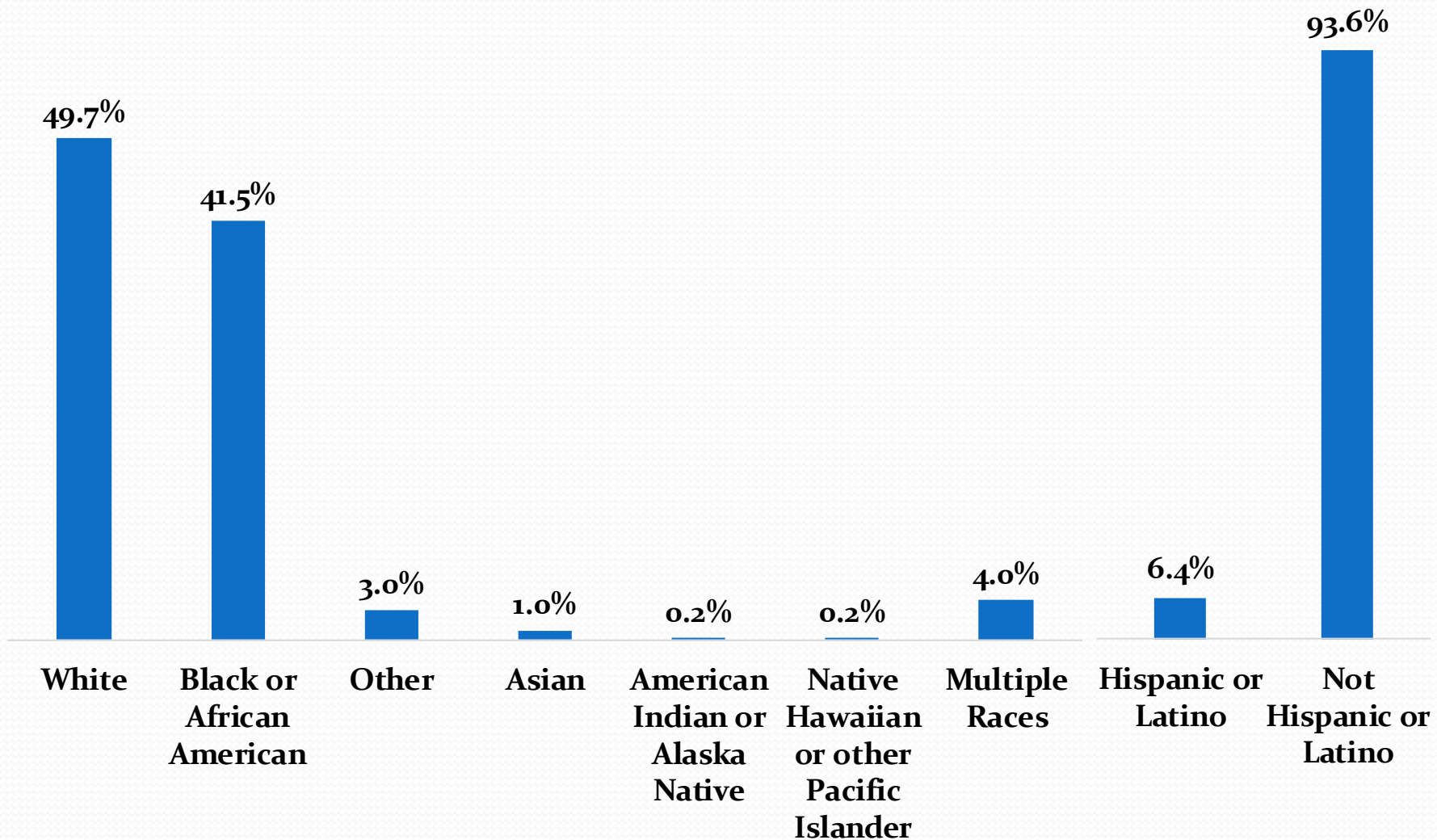
Survey

- The home visiting client satisfaction review is based on participant responses to the annual Missouri Home Visiting Client Satisfaction Survey conducted from October 1 –December 31, 2018.
- Subjects who received the survey were home visiting clients from DHSS home visiting programs (n = 632).
81% of surveys (n=512) were completed and submitted for analysis.

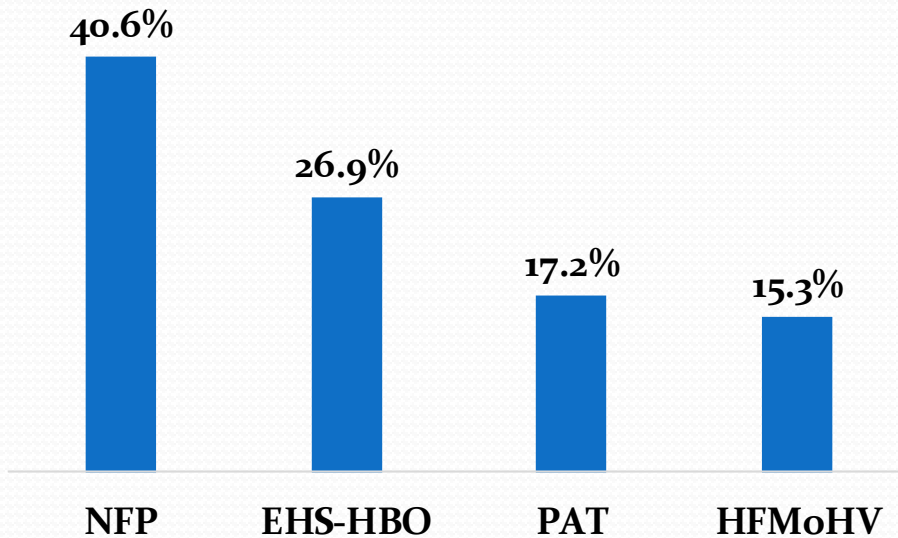
Age of Respondents



Race and Ethnicity of Respondents



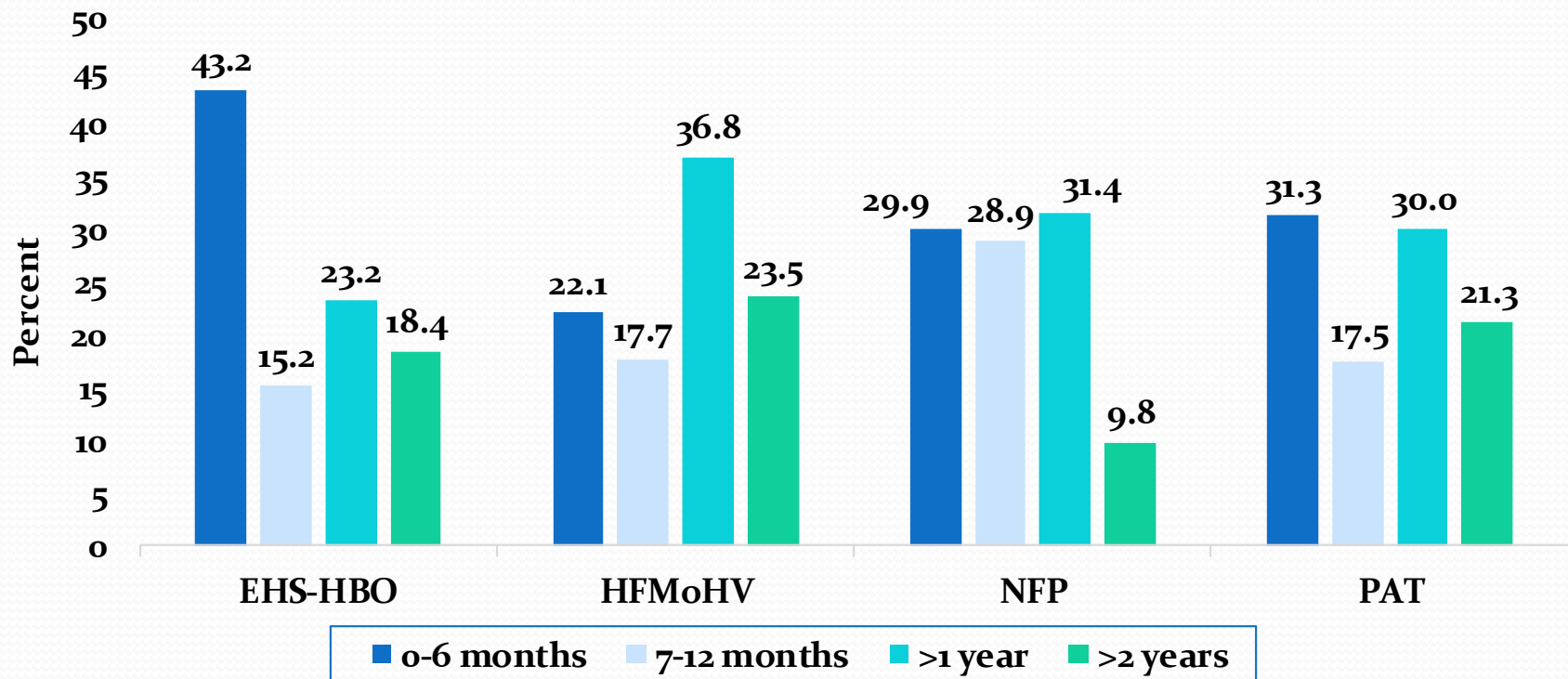
Respondents by Model



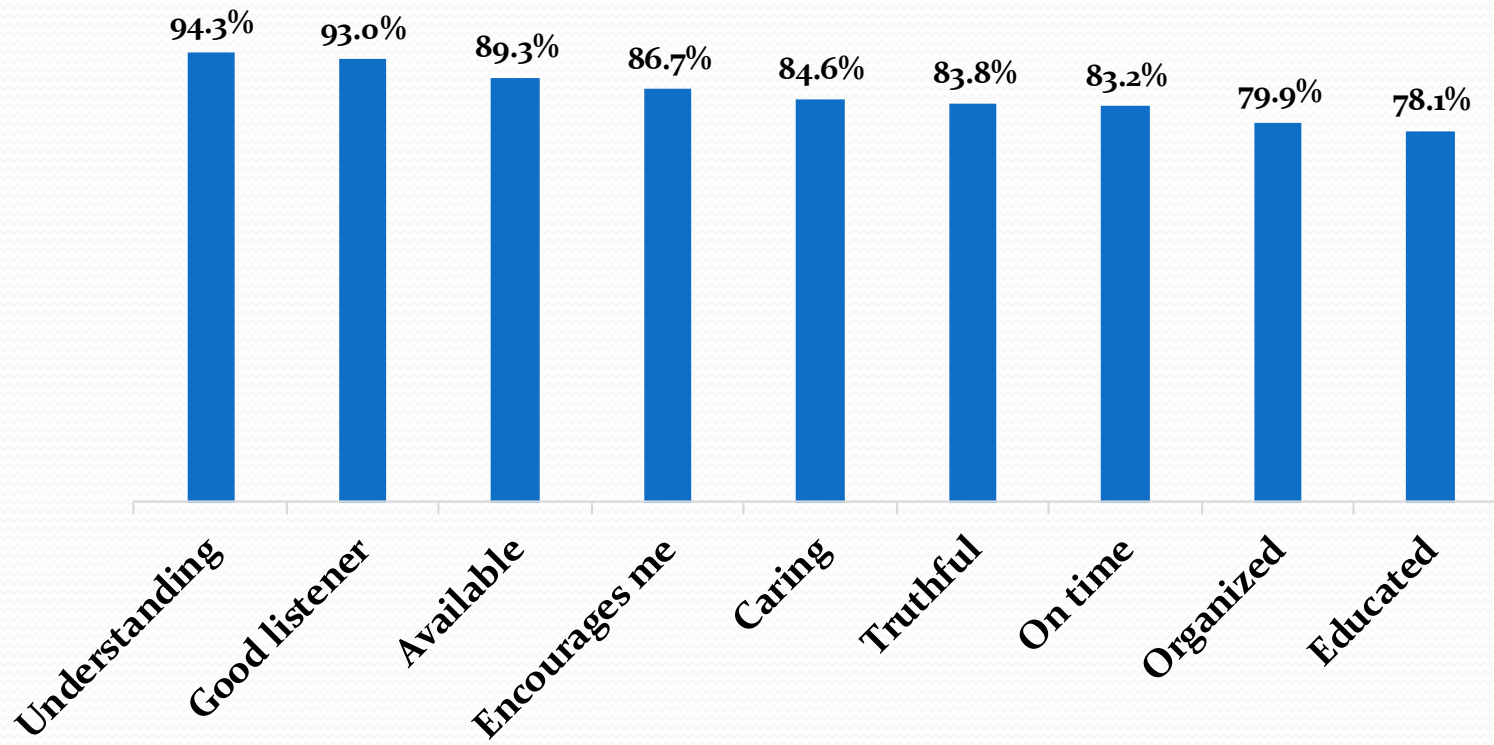
Model	Number	Percent
NFP	205	40.6
EHS-HBO	136	26.9
PAT	87	17.2
HFMoHV	77	15.3
Total	*505	100.0

* 7 clients did not answer this question.

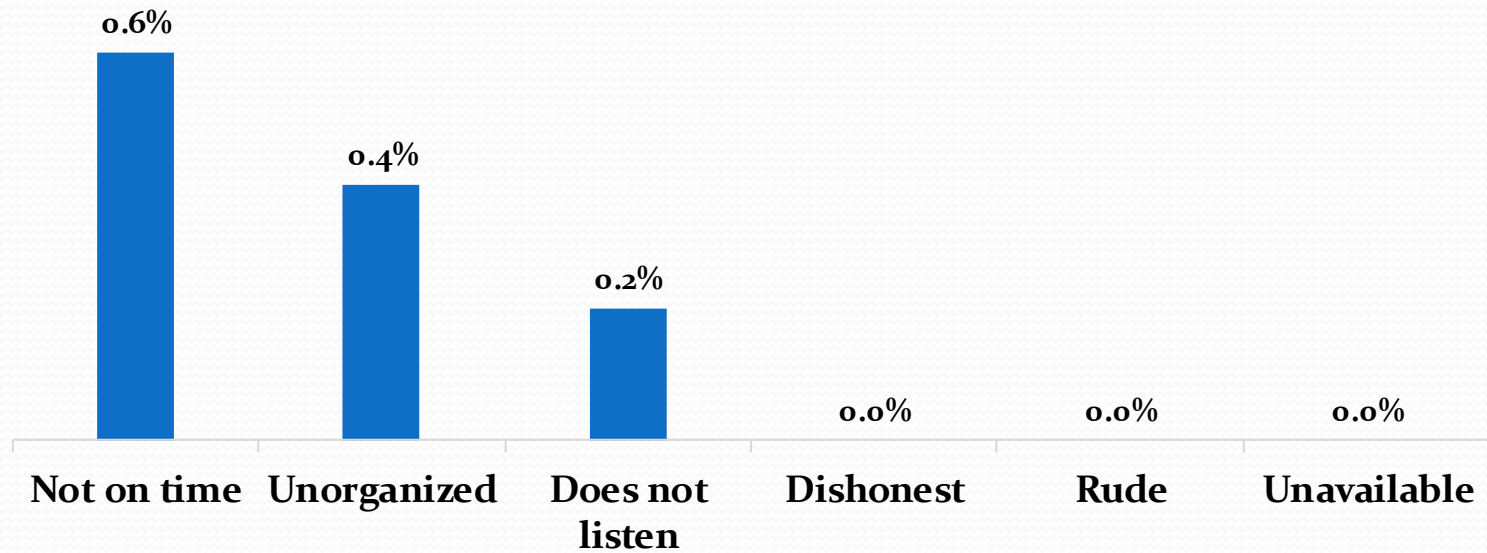
Program Enrollment Duration by Model



Positive Home Visitor Characteristics



Negative Home Visitor Characteristics

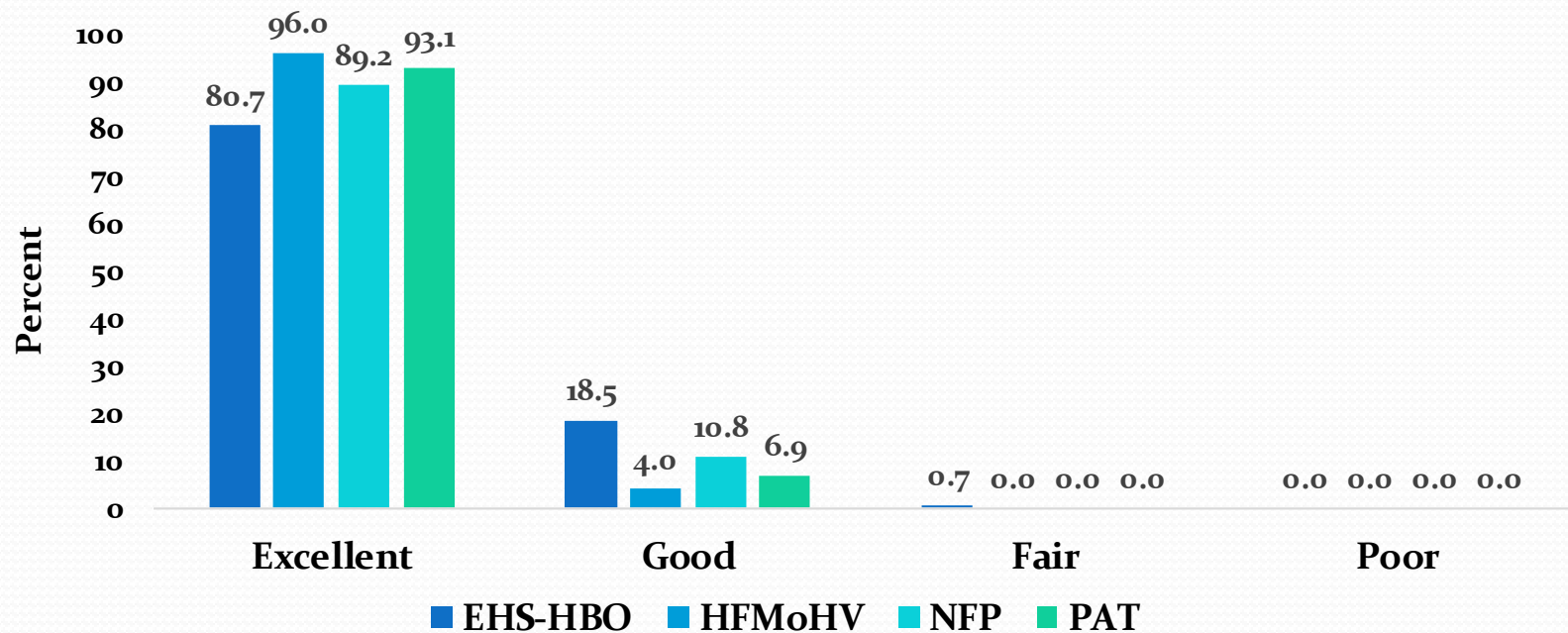


Quality of Services



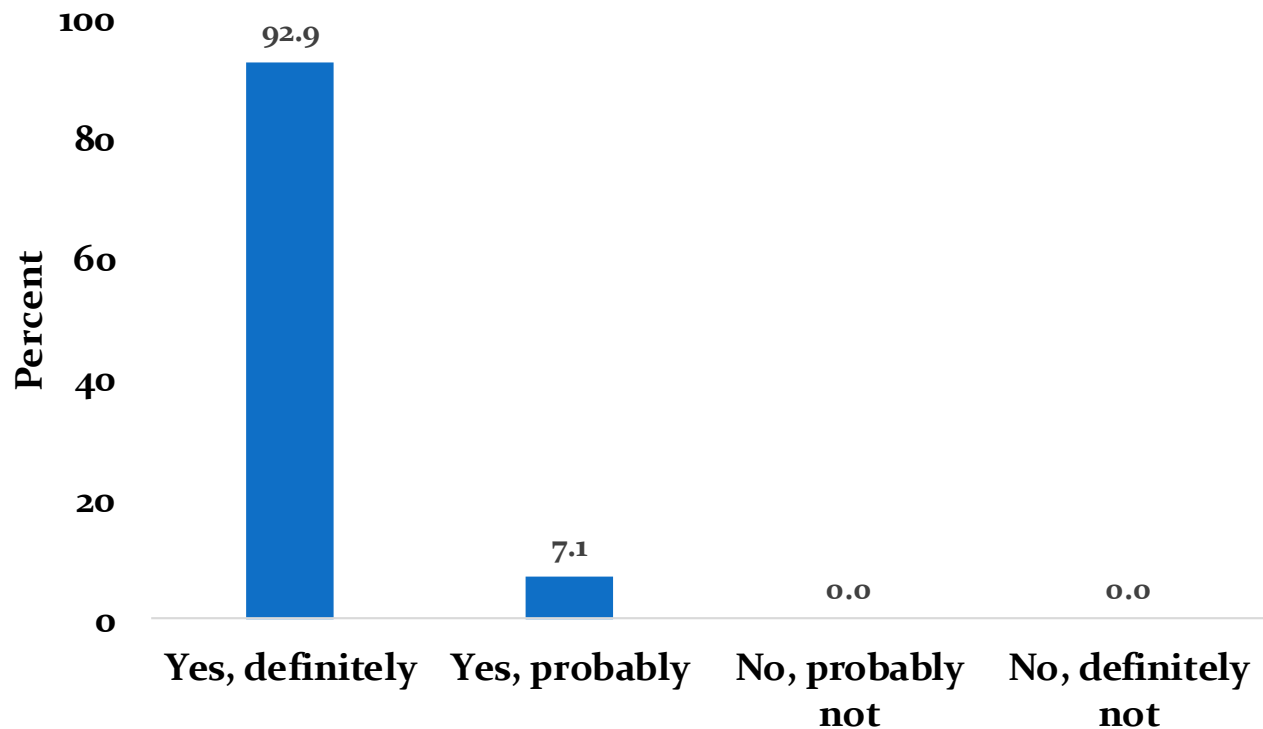
How would you rate the quality of services received from the program?

Quality of Services by Model



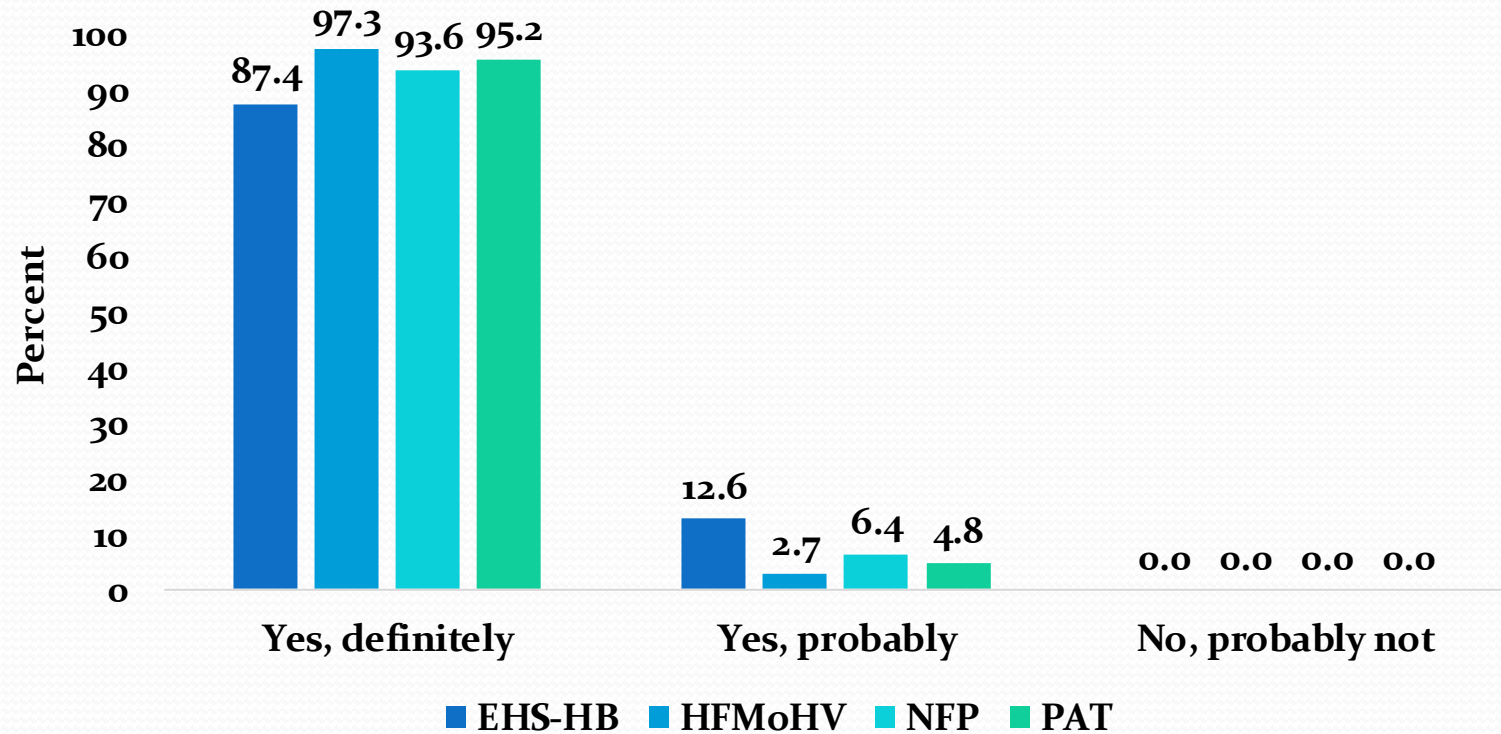
How would you rate the quality of services received from the program?

Recommendation of Services

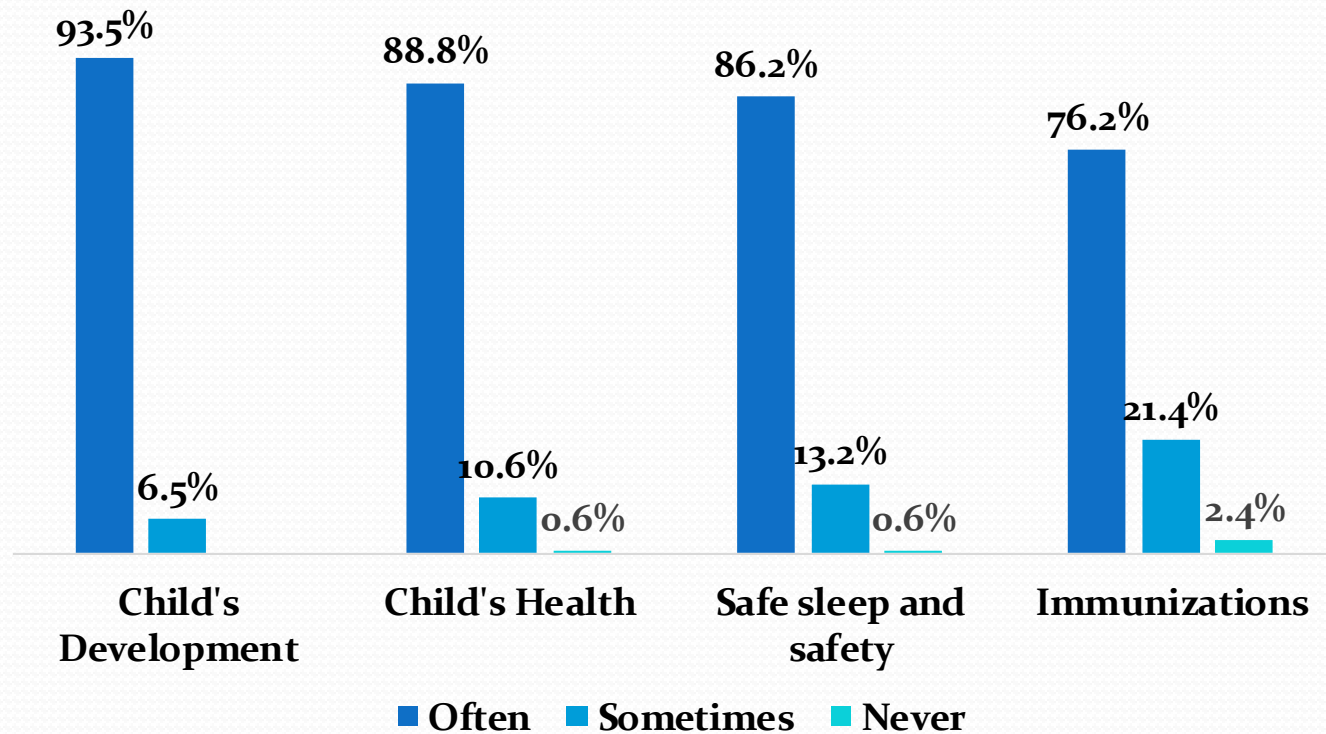


Would you recommend the services of this home visitation program to others?

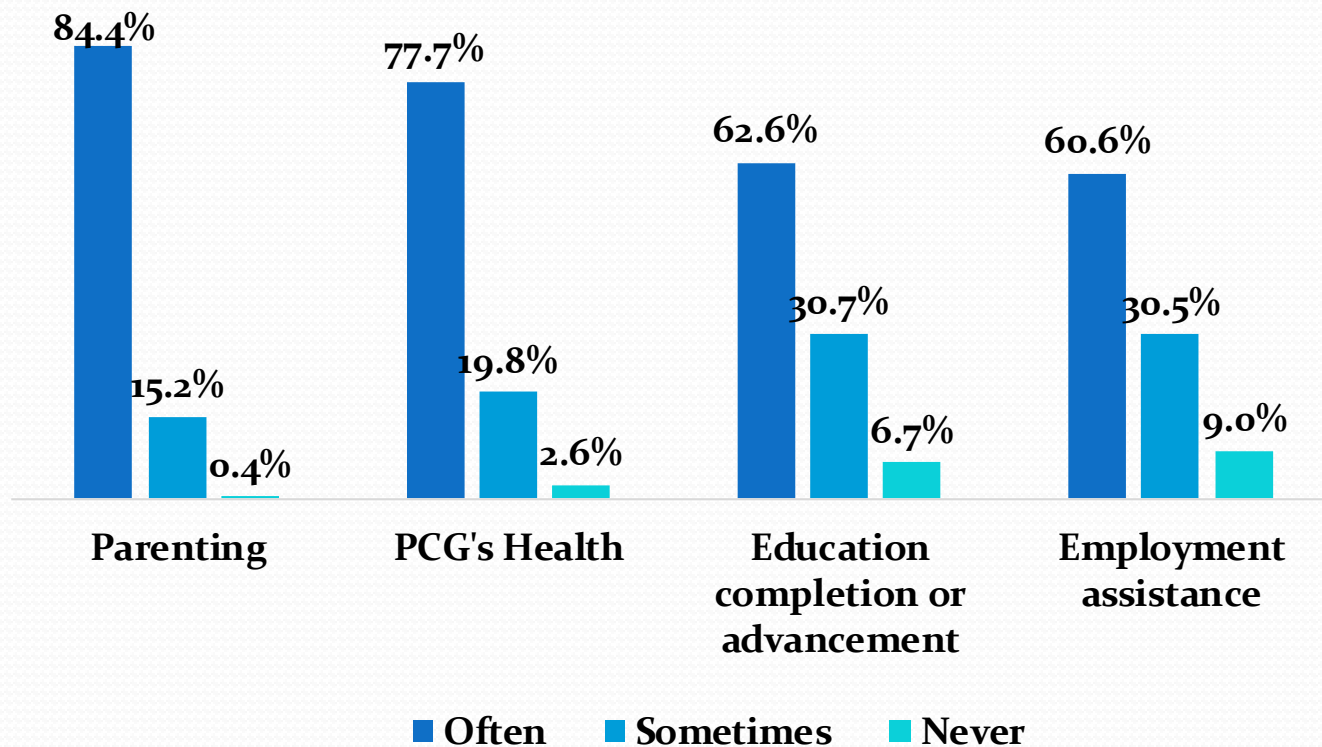
Recommendation of Services by Model



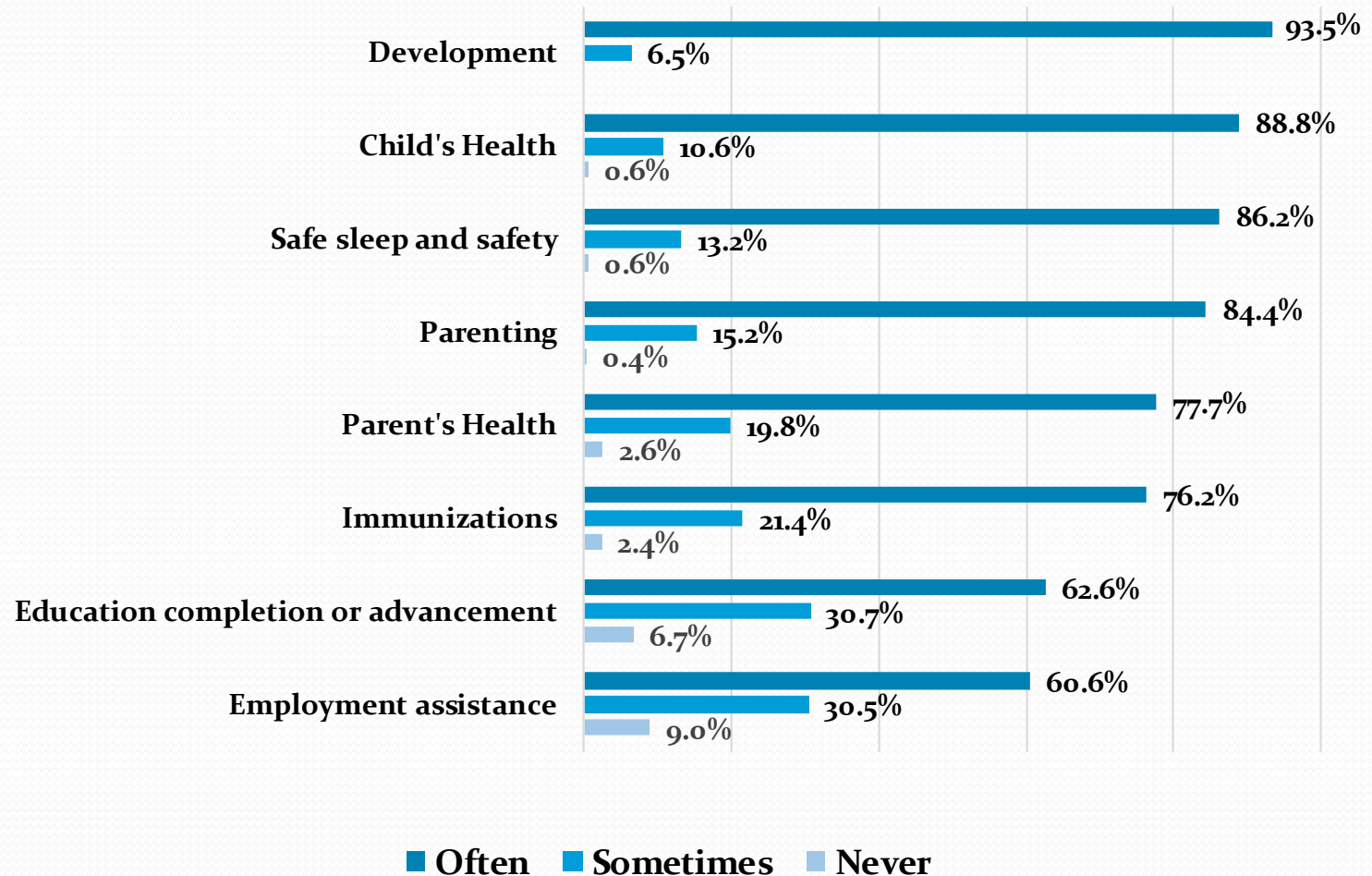
Topics discussed by Home Visitor: Child



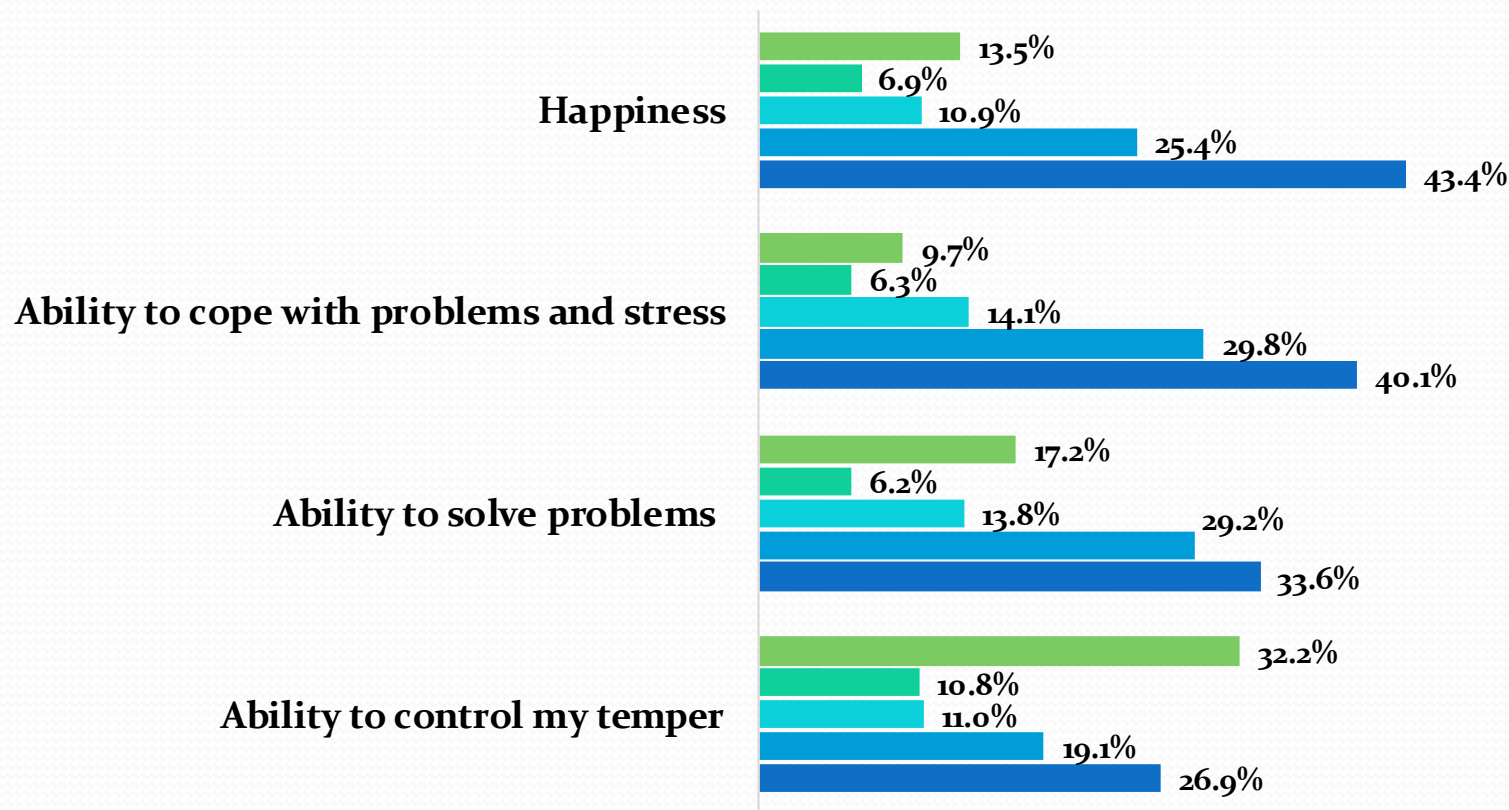
Topics discussed by Home Visitor: Primary Caregiver



All Topics Covered by Home Visitor

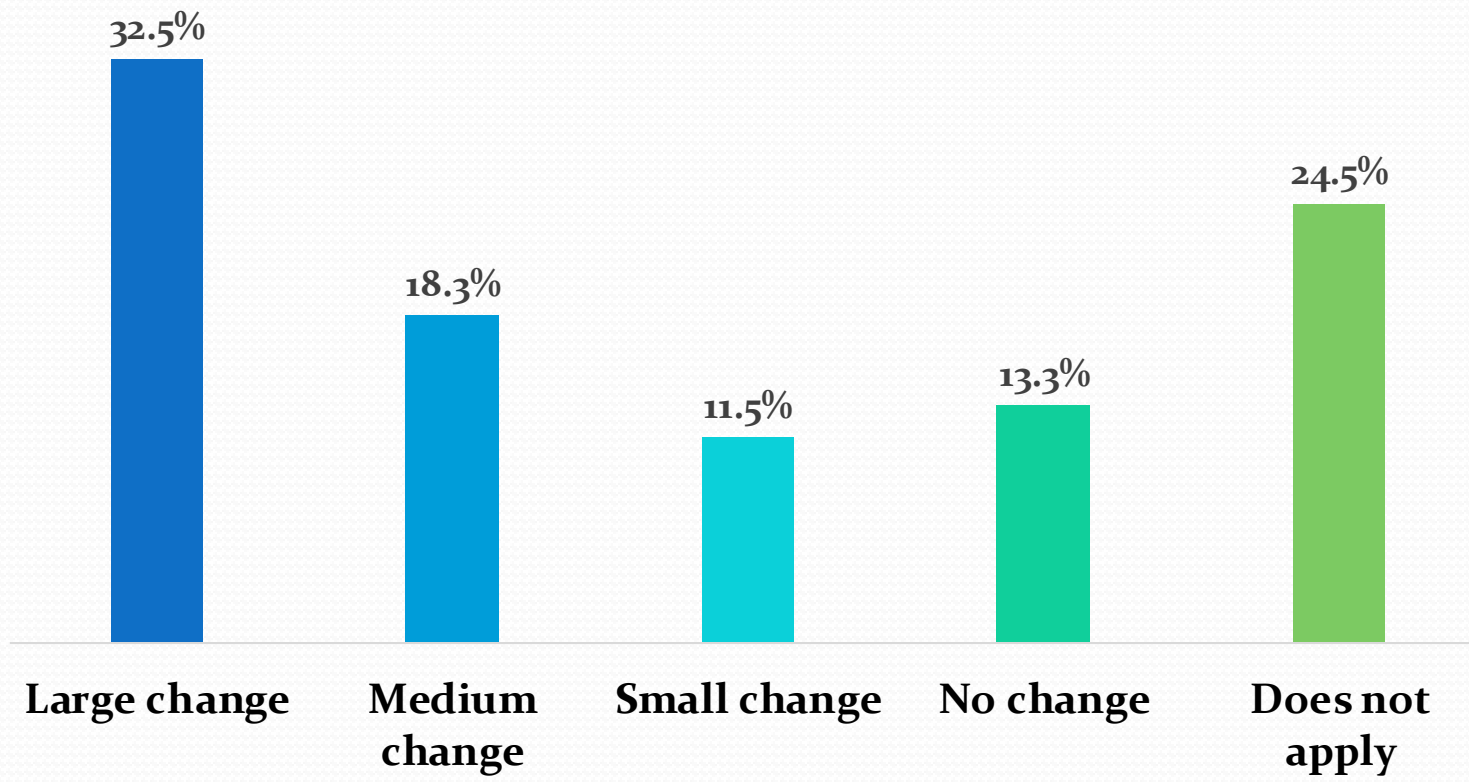


Reported Positive Change in Mother's Well-being

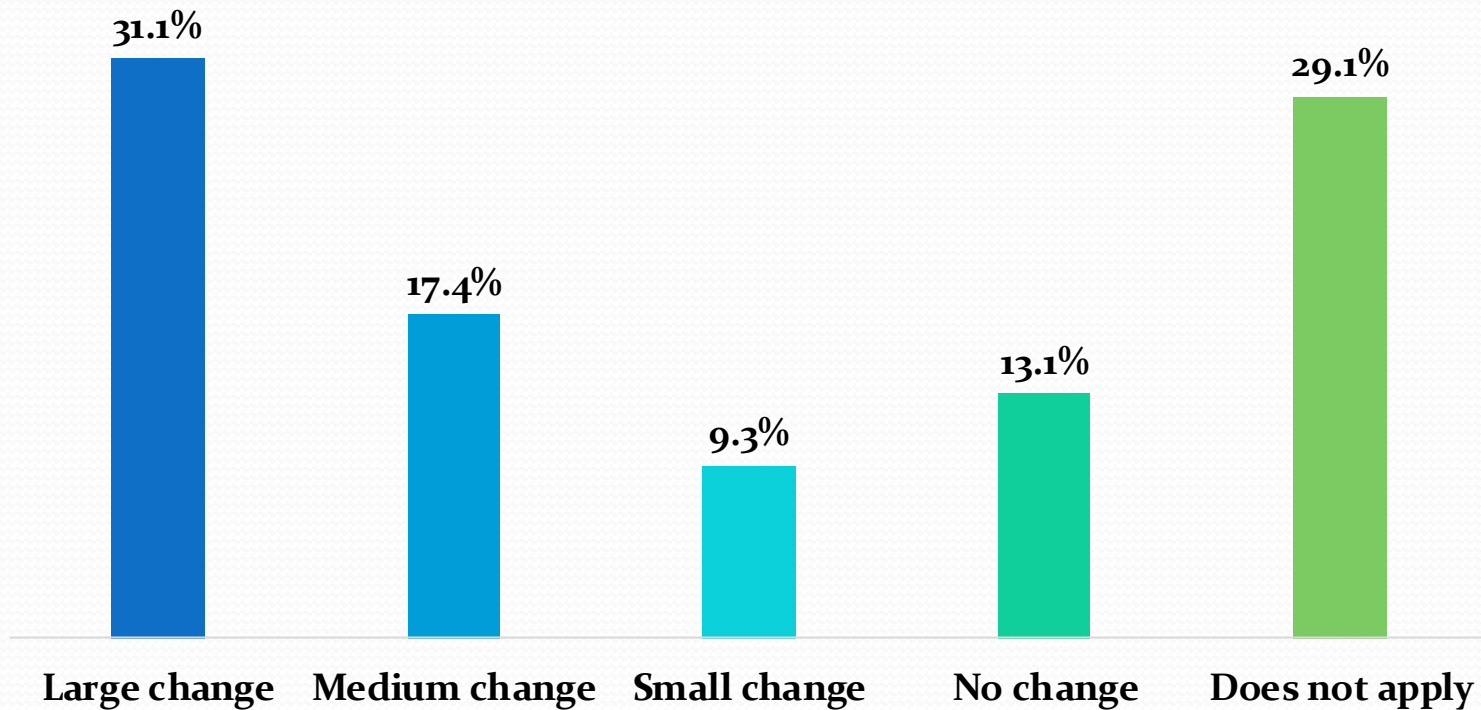


■ Does not apply ■ No change ■ Small change ■ Medium change ■ Large change

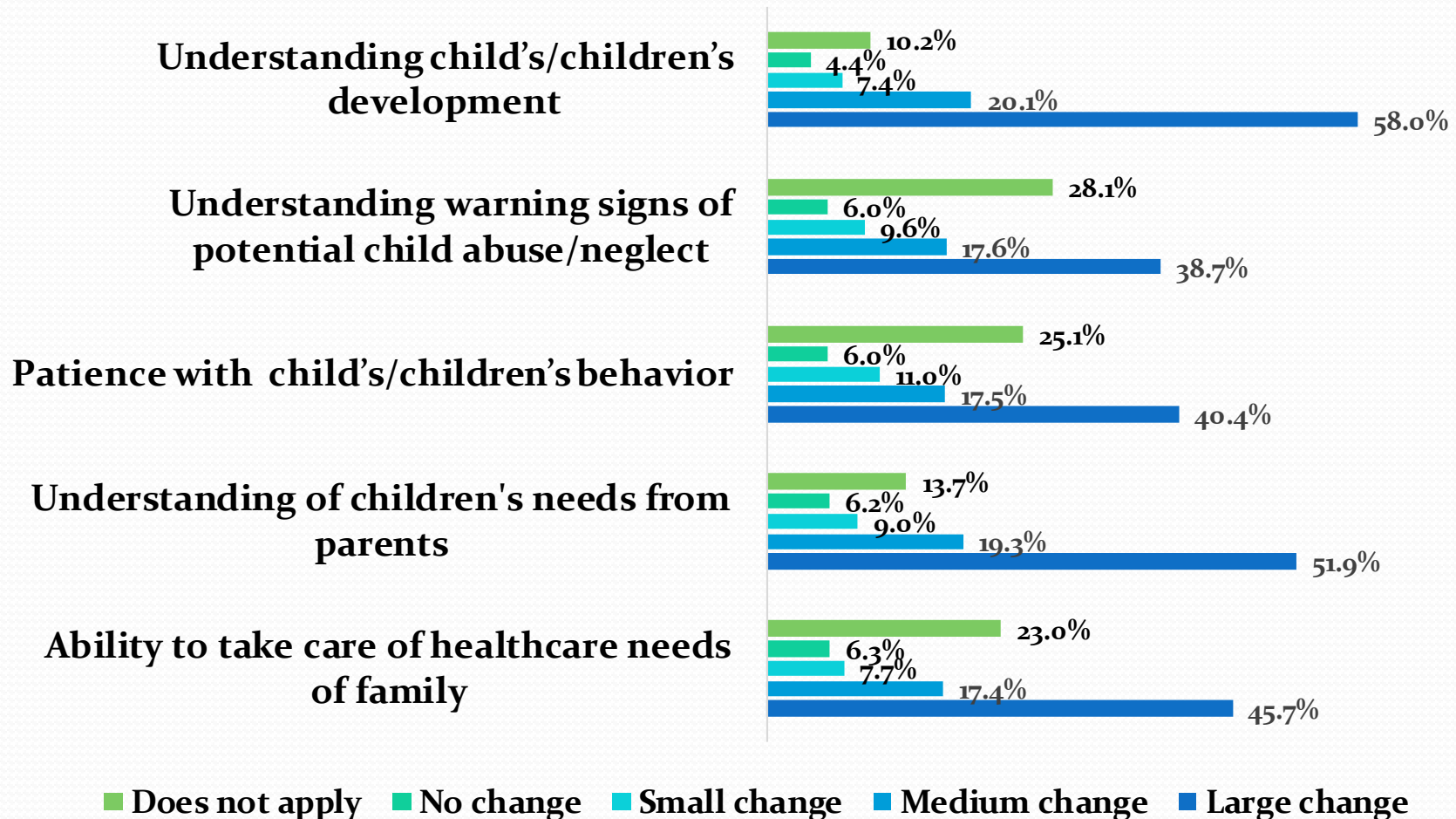
Reported Positive Change in Relationship Skills



Reported Positive Change in Living Situation



Reported Positive Change in Parenting Skills



Overall Reported Largest Change by Subject Group



Comments from the Home Visiting Client Satisfaction Survey (2018-2019)

- “My educator is amazing really helped me in my time of need always listen, always available to talk and meet. Feels like a mother or best friend relationship than work to me.”
- “I think this program is amazing! To have the ability to have a nurse walk you through your pregnancy and then the first two years of your child's life to ensure and encourage their development is a blessing. Our nurse has been amazing. I don't know that we could have done this without her.”

Contact Information

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Missouri Department of Health and Senior Services
Bureau of Genetics and Healthy Childhood
Home Visiting Client Satisfaction Survey 2018

Home Visitor to complete:				Estimated time in home visiting program:	
Program Site/Agency: _____				0-6 months <input type="checkbox"/>	
Check the box if the primary caregiver is pregnant and list the				7-12 months <input type="checkbox"/>	
number of child(ren) within each age group, as applicable:				More than 1 year <input type="checkbox"/>	
Pregnant	0-12 months	1-3 years	4-5 years	More than 2 years <input type="checkbox"/>	
<input type="checkbox"/>	_____	_____	_____		

Home Visiting Client to complete:

Name of Program: _____ Date: _____

Name of Home Visitor (Optional) _____

Your Name (Optional) _____

Thank you for taking the time to complete this survey. The information will help us improve the program to serve you better.

Please circle one in each category:

<u>My Ethnicity</u> Hispanic or Latino Not Hispanic or Latino	<u>My Race</u> American Indian or Alaska Native Asian Black or African American Native Hawaiian or other Pacific Islander White Multiple Races Other	<u>My Age</u> Under 15 years 15-17 years 18-19 years 20-24 years 25-29 years 30-34 years 35-39 years 40-44 years 45 years and over
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My Home Visitor:

Please circle which characteristics best describe your home visitor

Understanding	Encourages me	Available
Good listener	Educated	Unavailable
Doesn't listen	On time	Truthful
Organized	Not on time	Dishonest
Unorganized	Caring	Rude

Home Visiting Client Satisfaction Survey 2018

My Home Visitor (please circle):

Talked with me about my child's/children's development?	Never	Sometimes	Often
Talked with me about parenting my child/children?	Never	Sometimes	Often
Talked with me about my child's/children's health?	Never	Sometimes	Often
Talked with me about my health?	Never	Sometimes	Often
Talked with me about safe sleep and child safety?	Never	Sometimes	Often
Talked with me about completing or advancing my education?	Never	Sometimes	Often
Talked with me about finding or keeping a job or whether my current job meets my needs?	Never	Sometimes	Often
Talked with me about my child's/children's immunizations?	Never	Sometimes	Often

How would you rate the quality of services received from the program (please circle):

4 3 2 1
Excellent Good Fair Poor

Was there any information or service you needed and were unable to obtain from the home visitor?

☐ Yes ☐ No

If yes, please explain.

What one thing would you like to see changed about the program and why?

Would you recommend the services of this home visitation program to others (please circle)?

4 3 2 1
Yes, definitely Yes, probably No, probably not No, definitely not

Home Visiting Client Satisfaction Survey 2018

In the following areas, to what degree have you had *POSITIVE* change because of your participation in the home visiting program?

Place an "X" in the box that best applies for each statement.

	No change	Small change	Medium change	Large change	Does not apply (Was not an area needing change)
My ability to solve problems					
My ability to cope with problems/stress					
My happiness					
My relationship with partner/spouse/ other parent of my child(ren)					
My ability to care for my child(ren)					
My living situation					
My ability to control my temper					
My understanding about warning signs of potential child abuse/neglect (anger, depression, self-esteem)					
My patience with my child's/children's behavior					
My understanding of my child's/children's development					
My understanding of what my child(ren) need(s) from me as the parent					
My ability to take care of the health care needs of my family					

Additional Comments:
